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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/575,118
		Filing Date	May 23, 2000
		First Named Inventor	Paul Lapstun
		Group Art Unit	2675
		Examiner Name	Leland R Jorgensen
Total Number of Pages in This Submission		Attorney Docket Number	NPA012US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		Email: kia.silverbrook@silverbrookresearch.com Telephone: 61-2-9818-6633 Facsimile: 61-2-9818-6711
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AUG 29 2002		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kia Silverbrook c/- Silverbrook Research Pty. Ltd. 393 Darling Street, Balmain NSW 2041, Australia
Signature	
Date	August 23, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
09/575118	05/23/00		



EXAMINER	
L. Jorgensen	
ART UNIT	PAPER NUMBER
2675	8
DATE MAILED:	

RECEIVED

AUG 29 2002

Technology Center 2600

The informality regarding the payment of the fee in connection with the original filing fee the amendment filed 07-25-02 is indicated below.

A. FEE DUE

1. The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below.
4. The filing fee of \$ _____ submitted in this application is insufficient.

A balance of \$ _____ is due for additional claims.

5. Patent Application Fee Determination Form Attached.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 352.00.

B. EXCESS PAYMENT:

5. It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.

This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

08/27/2002 TBESHAW1 00000032 09575118

01 FC:203
02 FC:202

216.00 0P
126.00 0P

Laticia Lyon
CLERK OF GROUP

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09/575118

CLAIMS AS FILED - PART I				
(Column 1)		(Column 2)		
TOTAL CLAIMS				
FOR		NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS		33 minus 20 =	* 13	
INDEPENDENT CLAIMS		2 minus 3 =	* 0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>		
* If the difference in column 1 is less than zero, enter "0" in column 2				
CLAIMS AS AMENDED - PART II				
(Column 1)		(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total * 57	** 33	= 24	
Independent	* 6	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	**	=	
Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	**	=	
Independent	* Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				
SMALL ENTITY TYPE <input checked="" type="checkbox"/> OR OTHER THAN SMALL ENTITY				
RATE		FEE		RATE
BASIC FEE		370.00		BASIC FEE
X\$ 9=		117		X\$18=
X42=		0		X84=
+140=		0		+280=
TOTAL		462		TOTAL
SMALL ENTITY OR OTHER THAN SMALL ENTITY				
RATE		ADDITIONAL FEE		RATE
X\$ 9=		216		X\$18=
X42=		126.00		X84=
+140=		0		+280=
TOTAL ADDIT. FEE		342.00		TOTAL ADDIT. FEE
SMALL ENTITY OR OTHER THAN SMALL ENTITY				
RATE		ADDITIONAL FEE		RATE
X\$ 9=				X\$18=
X42=				X84=
+140=				+280=
TOTAL ADDIT. FEE				TOTAL ADDIT. FEE
SMALL ENTITY OR OTHER THAN SMALL ENTITY				
RATE		ADDITIONAL FEE		RATE
X\$ 9=				X\$18=
X42=				X84=
+140=				+280=
TOTAL ADDIT. FEE				TOTAL ADDIT. FEE
SMALL ENTITY OR OTHER THAN SMALL ENTITY				
RATE		ADDITIONAL FEE		RATE
X\$ 9=				X\$18=
X42=				X84=
+140=				+280=
TOTAL ADDIT. FEE				TOTAL ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.